

RECEIVED  
CENTRAL FAX CENTER

FEB 26 2007

PATENT

Appl. No. 10/540,803  
Amdt. dated February 26, 2007  
Reply to Final Office Action of December 26, 2006

**Amendments to the Claims:**

No claims are amended in this response. This listing of claims below is provided for the convenience of the Office:

1.-4. (Cancelled).

5. (Previously presented) A method of reducing the risk of insulin-induced hypoglycemia in a diabetes patient who is being treated with insulin, which method comprises administering a basal replacement dose of glucagon to a patient who is not suffering hypoglycemic symptoms.

6. (Original) The method of claim 5, wherein said glucagon is administered simultaneously with, or within one minute to four hours after said patient has last been administered insulin.

7. (Cancelled).

8. (Previously presented) The method of claim 5, wherein said glucagon is administered parenterally by a subcutaneous, intramuscular, or intravenous route.

9. (Previously presented) The method of claim 5, wherein the patient has a blood glucose level of from 70 - 110 mg/dL.

10. (Original) The method of claim 8, wherein said glucagon is a glucagon with a longer duration of action.

11. (Cancelled).

12. (Original) The method of claim 8, wherein said glucagon is contained in a liposomal formulation.

13. (Original) The method of claim 8, wherein said glucagon is contained in a microsphere.

**BEST AVAILABLE COPY**

Appl. No. 10/540,803

PATENT

Amdt. dated February 26, 2007

Reply to Final Office Action of December 26, 2006

14.-17. (*Cancelled*).

18. (*Previously presented*) The method of claim 5 wherein the basal replacement dose of glucagon results in a plasma glucagon level in the range achieved by intravenous infusion of glucagon at a rate that is not less than 0.10 ng/kg/min and not more than 3.00 ng/kg/min.

19. (*Previously presented*) The method of claim 5 wherein glucagon is administered daily at bedtime.

20. (*Previously presented*) The method of claim 5 wherein the patient has a has a blood glucose level that is not less than 50 mg/dL.

21. (*Previously presented*) A method of reducing the risk of insulin-induced hypoglycemia in a diabetes patient who is being treated with insulin, which method comprises administering glucagon to the patient as part of a diabetes treatment regimen, wherein glucagon is administered daily at bedtime, wherein said patient is not suffering hypoglycemic symptoms.

22. (*Previously presented*) The method of claim 21 wherein the patient has a blood glucose level of from 70 - 110 mg/dL.

23. (*Previously presented*) The method of claim 21 wherein the patient has a has a blood glucose level that is not less than 50 mg/dL.

24. (*Previously presented*) The method of claim 21 in which a dose of glucagon is administered that results in a plasma glucagon level in the range achieved by intravenous infusion of glucagon at a rate that is not less than 0.10 ng/kg/min and not more than 5.00 ng/kg/min.

25. (*Previously presented*) The method of claim 24 in which a dose of glucagon is administered that results in a plasma glucagon level in the range achieved by intravenous infusion of glucagon at a rate that is not less than 0.10 ng/kg/min and not more than 3.00 ng/kg/min.